PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09788514

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Coldina 1)		(Column 2)			TYPE		OR	SMALL	
								RATE	FEE	-	RATE	FEE
FC)R 		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGEA	ABLE CLAIMS	22 minus 20=		• 82			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS					* 1			X40=		OR	X80≃	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1)		(Colu		(Column 3)	SMALL		ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	F CL AINA	=		X40=		OR	X80=	-
_	TINOT PHESE	INTATION OF IM	JLIIFLE DEF	·	CLAIIVI			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	1
		(Column 1)		(Colur	mn 2)	(Column 3)	,	ADDIT. FEE			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus .	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JUITPLE DEF	ENDENI	CLAIM		¹	+135=		OR	+270=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	Α	ADDIT. FEE		,	ADDIT. FEE	
	CLAIMS		HIGH		EST	(Column 3)	7 6		ADDI-			ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= :		X\$ 9=		OR	X\$18=	<u> </u>
	Independent	*	Minus	***		=	H	X40=		50	X80≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	740-		OR	7.002	
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+135=		OR	+270=	
***	If the "Highest Nu If the "Highest Nu	min i is less than to mber Previously Pa mber Previously Pa nber Previously Pai	aid For" IN THIS aid For" IN THI	S SPACE I	s less thai s less tha	n 20, enter "20." n 3, enter "3."	^	TOTAL DDIT. FEE	ropriate box		TOTAL ADDIT. FEE umn 1.	

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CLAIMS AS FILED - PART I								119 708514					
			(Column 1) (Column 2			ımn 2)		SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			22				- [RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			22_mi	nus 20=	* 9			X\$ 9=		OR	X\$18=	36.00	
INI	DEPENDENT C	LAIMS	4 _m	inus 3 =	* /			X40=		1	X80=		
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT		*		ŀ			OR		80.0	
* 11	the difference	in column 1 is	less than z	ero, enter	"0" in d	column 2	L	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	826.0	
	3	(Column 1)				(Column 3)		SMALL ENTITY			OTHER SMALL		
V		CLAIMS		HIGH	EST		Г		ADDI-	1	<u> </u>	ADDI-	
AMENDMENT /		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	-	X\$ 9=		OR	X\$18=		
AME	Independent	* Entation of Mu	Minus	***	CLAINA	=		X40=		OR	X80=		
L	THOTPHESE	INTATION OF IM	DETIPLE DE	PENDENI	CLAIM			+135=		OR	+270=		
							<u>.</u>	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	^	DDII. FEE (. ,	AUDII. PEE		
8	This labely	CLAIMS REMAINING AFTER		HIGHI NUME PREVIC			Γ		ADDI-			ADDI-	
	ME					PRESENT EXTRA	1	RATE	TIONAL		RATE	TIONAL	
ME	······································	AMENDMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PAID I	FOR .		┢		FEE			FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AM	Independent	* NTATION OF MU	Minus	***	CLABA	=	Г	X40=		OR	X80=		
	TINOT PRESE	NATION OF MC	LIPLE DEF	ENDENT	CLAIM			+135=		OR	+270=		
							Δſ	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)				•			
ပ		CLAIMS REMAINING		HIGHE NUMB	ST			I	ADDI-	ſ	T I	ADDI-	
AMENDMENT		AFTER AMENDMENT	1	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,	
ME	Independent	*	Minus	***		=	H	X40=			X80=		
`	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM		\vdash	740_		OR	×60=		
* 11	the entry in colum	mn 1 is less than th	e entry in colu	mn 2 weite	"O" in col	imp 3		+135=		OR	+270=		
**	f the "Highest Nur	mber Previously Pa	id For" IN THIS	S SPACE is	less than	1 20, enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL ADDIT. FEE		
1	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												